

## SAMPLE COPY

# SVS Switched Order Form PIC's and Calling Cards (On-Net)

#### **Section 1: Government Specific Information**

<b>Service Information</b>										
Service Requested:	O Calling Cards									
	O SVS/PIC's									
	X Both Calling Cards & SVS/PIC's									
Agency Name:	COECharleston									
Agency Service Request No.:	(Internal Tracking Numb	(Internal Tracking Number for your use highly recommended)								
	123-4567									
Agency Billing Code:	(Agency specific)	Service Due Date:	(Add 21 business days to MCI order entry date)							
	5678		January 22, 2000							
Hierarchy Code:	N/A									
Price Quote:	N/A									
Purchase Order No.:	N/A									
Project No.:	N/A									
Billing Type:	X Centralized Billing	O Direct Billing								
Notification Status:	N/A									

Designate	Designated Agency Representative Information									
First Name: John										
Last Name:		Dar	ar							
Address:		1234 Main Street, Suite 1								
City:	Charleston	State:	SC	Zip:	55555					
Email:		John.Dar@coed	charleston.mil							
Phone:										

Originating	Local Gover	nment		
First Name:				
Last Name:				
SDP ID Origin	nating:			
Address:				
City:		State:	Zip:	
Email:				
Phone:				

Terminatin	g Local Gover	rnment Con	tact		CAMPIECODY
First Name:					SAMPLE COPY
Last Name:					
SDP ID Origin	nating:				
Address:	_				
	F				
City:	1	State:		Zip:	
Email:		State.		Zip.	
Phone:					
Somming Cod	ordinator Info	mation			
First Name:	Juliator Illio	Joann			
Last Name:					
		Lindberg			
Address:					
City: Email:		State:		Zip:	
Phone:		( <b>T</b> 03)003	Z4 A		
Filone.		(703)902-	6147		
Lead Sales	Rep Informat	ion			
First Name:		Steve			
Last Name:		Scott			
Email:			ott@wcom.co	m	
		800 (011)80	Total Comments		
			Order	Informatio	on
General					
	Hub Rep Name:				
Standard Inter	val:	O Standard I	intermed (above)	V Daguage d D	Due Dete Ermediter O Ves O N
Choose One:  If Requested D	Due Date, Indicate			X Requested Double Date on Sec	Oue Date   Expedite:   O Yes O Notion 1: Service Information)
ii itoquosica ii	,				
<b>T</b> T 101 11	00.1		January 22, 2000		
Verification o	of Order: n LOA for this or	dor?	O Yes O	No	
Do you have a					nsure that an LOA is obtained
			and on file a	t their MCI lo	cation
	luct verification o	f this order?:	X Branch/Account	Team O Hu	b O No Verification – sensitive customer
Verification C			House Assit	abla:	
Verification Pl	none #: ount Team, person	n that varified:	Hours Avail		
Date Verified:		mat vermed:	Joann Lind	werg	
Duto Formiou.		No Verification	n, the Branch/Accor	unt Team is ac	ccepting responsibility for the
			curacy of the inforn		

Related Order Information
SAMPLE COPY

			 	_			/	 _	 $\perp$	_		_	
Are There Related or Integrated Orders?:	O Yes	O No											
Specify Related Order Numbers or Product Types:												_	

General					
Billing ID:		X New O Exis	<mark>ting</mark>		
If Existing, Billing II	Number:	(if new, contact	Joann Lindberg at n		
Corporate ID:			NASP ID:	90FT <i>A</i>	AM0001
Is there a Promo?:	O Yes	O No	Promo Code:		
Promo Level:			Term:		
Product Specific	:				
Tax Exempt Status:			Invoicing:		
Rate Type:			Call Detail:		
Company Billing		Address Infor	mation:		
Name:	Jane Dar				
Address:		9 Oak Court			
Suite or Room #:	Room 21				
City:	Charlesto	n			
State:	SC		Zip:		78910
Country:	USA				
Alternate Billing	Address	for Combined	Billing Invoice	:	
Company Name:					
Address:					
City:					
State:			Zip:		
Alternate Contact:					
Alternate Contact Tit	ile:				
Alternate Contact Ph	one #:				
Alternate Mailin		s for Tape Me	dia:		
Company Name					
Address:					
City:			7.		T
State:			Zip:		
Alternate Contact:	1				
Alternate Contact Tit Alternate Contact Ph					
Billing Contact I First Name:		on:			
Last Name:	Jane				
	Dar	~	- "		I (===) ( ( ) = ==
Title:		Specialist	Fax #:		(555)111-2222
Phone #:	(555)11	1-2223	Contact Extension:		X222

### **Section 3: Product Information**

General

# SAMPLE COPY

Order Type:	VOS Functionality:	

#### **Service Location Information**

Customer Service Location Information										
Local Customer Name:	Name: (Local Unit or Office Title. Example: COE, Charleston)									
	COE, Charleston	COE, Charleston								
Address:	Address: (Physical Location where service is terminated. No P.O. Boxes allowed)									
	9012 Maple Street	9012 Maple Street								
City:	Centerville	State:	SC	Zip:	90123					
Main Listed Phone #:	(555)555-5555		Bill Payer ID:	N/A						
<b>Customer Contact</b>	Information									
Local Contact Name:	(Physical person a	address for Lec	coordination)							
	Paul Smith									
Local Contact Title:	Communications (	Coord.	<b>Local Contact Phone</b>	<b>#:</b>	(555)777-7777					

#### **Dial 1 Service Information**

Number of Lines:	Jumber of Lines: Bell Order Number:									
Is MCI the preferred local carrier where available/applicable:										
MCI PIC:		PIC Option:								

#### **Feature Information**

Profile Information:			
Profile Dialing Plan Minimum Le	ength:		
Profile Dialing Plan Maximum L	ength:		
Dars Profile Order Number Exist	:?:		
If so, Existing Profile Order Num	nber:		
	If	f no Profile Order exists, hub re	p must generate one.
Feature Options – Basic:			
Accounting Codes (non-verified)	:		
Digital Dial-1 (SW56) Access:			
Feature Options – Option	al:		
Personal ID Codes (verified):		10 Digit Restriction:	
Custom Range Privilege:		Remote Exchange:	
Dialing Plan:		Instant Ringdown:	
Is this a conversion?:		Account Number:	

#### ANI Detail\_\_\_\_\_

(applies to SVS/PIS's) MPLE COP	Υ
---------------------------------	---

		Accountin	ng Codes	ID Co	des	Range	Range Pr	ivilege Type
	<b>ANI'S</b>	Yes/No	Length	Set	Length	Privilege	Custom	Universal
1	(555)111-2222	N		N		3	Y	
2	(555)222-3333	N		N		3	Y	
3	(555)444-6666	N		N		3	Y	
4								
5								
6								
7								
8								
9								
<b>10</b>								
11								
<b>12</b>								

#### **Calling Card Service Information**

Number of Codes		Number of Cards Per Code:	
*Calling Card Range Privilege:	3	Promo Code:	50
0 = no privilege level			
1 = to identify dialing plan calls only			
2 = to identify dialing plan calls plus calls			
in the USA (Including Alaska & Hawaii)			
3 = to identify dialing plan calls plus			
worldwide calls			
4 = to identify dialing plan calls plus USA,			
Canada and the Caribbean			
		Do you want the Pin to appear on the Card?	Yes
			No
Private Label?	X Yes No	Selectable Pin?	X Yes
			No

<sup>\*</sup>If Privilege varies by card, utilizing card holder name, or selectable PIN; complete the section below.

#### **Calling Card Detail**

	Cardholder Name (If you need more space use Bulk Order Form)	# of Cards	Pin #	Calling Range Privilege
1	John Dar	1		3
2	Jane Dar	1		<mark>3</mark>
3	Al Dar	1		<mark>3</mark>
4	Bob Dar	1		3
5	Carl Dar	1		3
6	Deb Dar	1		3
7	Ed Dar	1		3
8	Frank Dar	1		3
9	Gina Dar	1		3
<b>10</b>	Helen Dar	1		3

SAMPLE COPY

#### **Remarks Information**

<b>General Remarks</b>	(Describe in your words the service requested.)			
We require that all telephone lines are switched from AT&T to MCIWorldcom. We also require calling cards for names listed				
above. Calling cards	include ability to place calls nationally and worldwide.			
Calls are billed to address above, centralized billing. Service terminates at COE Charleston.				